

Case Number:	CM13-0039434		
Date Assigned:	12/18/2013	Date of Injury:	04/22/2013
Decision Date:	05/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 31-year-old individual injured in a work-related accident on 02/22/13. Specific to the claimant's left lower extremity, there is a current request for an MRI scan. Recent clinical assessment from treating podiatrist from 12/09/13 indicates the claimant is two weeks following a corticosteroid injection to the left foot with no improvement. She is still complaining of bruising and pain. Physical examination findings showed equal and symmetrical deep tendon reflexes with normal motor strength. There was positive edema "encircling the left midfoot and base of fifth metatarsal." Radiographs of the left foot taken from 04/22/13 were noted to be negative. As stated above, there is a current request for an MRI scan of the ankle for further definitive diagnosis in regard to the claimant's ongoing current complaints. No further clinical imaging or treatment is noted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI FOR THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, ONLINE EDITION, ANKLE AND FOOT, MAGNETIC RESONANCE IMAGING (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 372-374. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), 2013 UDATES: ANKLE PROCEDURES, MAGNETIC RESONANCE IMAGING (MRI).

Decision rationale: California ACOEM guidelines states, "except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain." The role of an MRI scan of the ankle in this case would not be supported. The claimant's current clinical presentation is that of pain about the foot, particularly the fifth metatarsal. The specific request for an ankle MRI scan in the absence of acute and formal ankle objective findings in and of itself would not support the specific request for an ankle MRI.